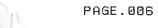
											600	ID - FO	OR OF	FICIAL	. USE	ONLY		
									C								TT	T/A C
X DESCRIPTIO	N OF H	AZARDO	US WA	STE						!	1 1		1 1					1
A. Walter from No.	napacific allation 1	Sources handles Bo	(F-List). low eac	Enter the report	the fo	our-digit	numbe hty gen	r from eration	40 () ame	FR Pa	rt 261.	31 for e	ach (is	ted ha	zardou	s wast	e from	nonspecifi
WASTE I.D. NO.					T:-	=				T					1	Ť	T	
AMOUNT AND FREQUENCY	111	It	5.				(bs.		<u>'</u>			lbs.	•;**				fbs.	
B. Wastes from Spe your installation is	cilic Sou	urces (X-L Below each	st). Ent	er the	four-d	ligit numi	ber fro	m 40 C	CFR .	Part 26	1.32 fo	r each l	listed f	azardo	NS Was	te fron	n speci	fic source
WASTE I.D. NO.	T				T		- Contraction	Sir Birit	MATTE	n poun	os and	rednau	cy cod	e A, B,	or C.		1 :	
AMOUNT AND FREQUENCY		lb:	3.				lbs.		- 1		- 19	(bs.		7 1			lbs.	
C. Commercial Chemi which may be haza	cal Produ	uct Wastes	W and i	Usts).	Enter	the four-	Sigit nu	mber fr	om 4	CFR F	art 261		ich che	anksal s	oneladu	E YOU'		thon bandler
which may be hazar WASTE I.D. NO.	Jour W.	sie. Beidwe	SEN NUN	nber, en	iter the	monthly	penerat	ion am	ount l	n pound	is and f	requency	y code i	4, B, or	C.	1		
AMOUNT AND FREQUENCY	t A	i lb:			1		lbs.		1	<u></u>	1	lbs.	l] [1	lbs	
D. (Reserved)														- I			IIVa.	
E. Cheracteristics of Mandles. (See 40 CF code A. B. or C. AMOUNT AND FREQUENCY	X	1. IGNI (DO	TABLE		T DOX 1	mat you c	neck, e	nter the	, mor	CORR	OSIVE	amount	expres	ni bea	pounds	and ge	REAC (DOX	TIVE
		the mont	nter th hly gen	e four- eration	digit r	number w	rhich i	dentifle y.	25 90	ch cha	acteris	tia toxic	waste	. Belg	w each	rumb	er, ente	r
AMOUNT AND FREQUENCY		lbs.					ibs.					lbs.] [4
				MI	SSO	URI RE	OLHE	RED (NE	1811	TIO			J L			lbs.	
MISSOURI GENEI	RATOR	ID NUM	BER (1					_	476		110							
PRINCIPAL BUSIN				SE	CU			4	121	DU	14/6	25	_	11	Ó			
S.I.C. CODE (LEA	VE BLA	NK IF UI	NCERT	rain)			Γ	T	T	T								
CHECK THIS BOX	IF YO	U GENER	RATE	ACCU	MUL	ATE LE	 SS Th	IAN A	RE	PORT	ABLE	QUAN	TITY		П			
IL CERTIFICATI									-		- 1		•					
certify under pen- documents, and that information is true, the possibility of fin	accura	te, and c	ompiel	l UIOSE	: Inory	TO LETTE S PE	nmear	ately :	THE PARTY	meible	(A- A		. Ma – 1 –	<u> </u>	Alan - P	B		
CO 780-1164 (0-40)	me		in	es	=	N/		DOFFICE		1	YPE OR	PRINT) >1\A	ER	S	OATE	7/	15,	192

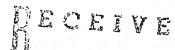
R00302145 RCRA RECORDS CENTER





MISSOURI DEPARTMENT OF NATURAL RESOURCES WASTE MANAGEMENT PROGRAM **NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

FROM



SEND TO MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM 9 3									
SOR OBJECTAL USE ONLY									
COMMENTS ***** WASTE PROGRAM									
CC	NATURAL RESOURCES								
INSTALLATION'S EPA ID NUMBER	APPROVED DATE RECEIVED YR. MO. DAY								
FMOD985819853TAC	189								
1. NAME OF INSTALLATION									
ARCHITECTURAL	CONTROL								
III. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX NUMBER									
3 / C16 6 6 6 4 EMAY CITY OR TOWN	STATE ZIP CODE								
GOLLVETTE VI	1 1 1 1 1 1 0 6 3 1 3 2								
BL LOCATION OF INSTALLATION									
STREET AND NUMBER									
\$ 10666 GATEWAY									
CITY OR TOWN	STATE ZIP CODE								
COLIVETTE	M063132								
IV. INSTALLATION CONTACT									
NAME AND TITLE (LAST, FIRST, AND JOB TITLE) TELEPHONE NUMBER MARTY DIVERS 3144325589									
V. OWNERSHIP									
A NAME OF INSTALLATION'S LEGAL OW	NER B. TYPE OF OWNERSHIP (ENTER CODE)								
	CONTROL DESCRIPTIONS								
IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPI									
A. HAZARDOUS WASTE ACTIVITY 9. USED OIL FUEL ACTIVITIES									
Is GENERATOR I IS LESS THAN 1,000 KG./A	IO. S. OFF-SPECIFICATION USED DIL FUEL (enter X' & mert appropriate boots below)								
2 TRANSPORTER									
☐ 3. TREATER/STORER/DISPOSER ☐ 3. GENERATOR MARKETING TO BURNER ☐ 4. UNDERGROUND INJECTION ☐ 6. OTHER MARKETER									
LI 4. UNDERGROUND INJECTION D 5. MARKET OF BURN HAZARDOUS WASTE FUEL (enter "A" a mark appropriate boxes bulker) C 6. BURNER									
A. GENERATOR MARKETING TO BURNER A SECURITY OF BURNER To serve a security of the security of th									
D B. OTHER MARKETER DC. BURNER WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION									
VIL WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE									
(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)									
☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE									
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES)									
□ A. AIR □ B. RAIL □ C. HIGHWAY □ D. WATER □ E. OTHER (SPECIFY)									
TX. FIRST OR SUBSEQUENT NOTIFICATION									
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is									
not your first notification, anter your installation's EPA 1D Number in the space provided below. C. INSTALLATION'S EPA I.D. NUMBER									
A. FIRST NOTIFICATION . B SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)									
MO 780-1164 (8-88) EPA B7UU-12/MDNR HWG-1 CONTINUE ON REVERTS									